RULES
OF
TENNESSEE STATE BOARD OF DENTISTRY

CHAPTER 0460-2
RULES GOVERNING THE PRACTICE OF DENTISTRY

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0460-2-.01 LICENSURE PROCESS. To practice dentistry in Tennessee a person must possess a lawfully issued license from the Board. The process for obtaining a license is as follows:

(1) An applicant shall obtain a Board application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form and this rule to the Board Administrative Office. It is the intent of this rule that all activities necessary to accomplish the filing of the required documentation be completed prior to filing a licensure application and that all documentation be filed simultaneously at least sixty (60) days prior to the next scheduled Board meeting.

(2) An applicant shall cause to be submitted directly, from a dental school, college or university approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association, to the Board Administrative Office a certificate of graduation containing the institutions Official Seal and which shows the following:

(a) The applicant's transcript; and

(b) The degree and diploma conferred, or a letter from the Dean of the educational institution attesting to the applicant's eligibility for the degree and diploma if the last term of dental school has not been completed at the time of application. However, no license shall be issued until official notification is received in the Board Administrative Office that the degree and diploma have been conferred.

(3) An applicant shall submit a signed passport photograph taken within the preceding twelve (12) months.

(4) An applicant shall submit evidence of good moral character. Such evidence shall include at least two (2) letters attesting to the applicant's character from dental professionals on the signator's letterhead.

(5) An applicant shall submit proof of United States or Canadian citizenship or evidence of being legally entitled to live in the United States. Such evidence may include copies of birth certificates, naturalization papers, or current visa status.

(6) An applicant shall submit the application fee and state regulatory fee as provided in rule 0460-1-.02 (1).

(Rule 0460-2-.01, continued)

(7) An applicant shall cause to be submitted a certificate of successful completion of the examinations for licensure as governed by rule 0460-2-.05.

(8) An applicant shall disclose the circumstances surrounding any of the following:

(a) Conviction of any criminal law violation of any country, state, or municipality, except minor traffic violations.

(b) The denial of licensure application by any other state or the discipline of licensure in any state.

(c) Loss or restriction of hospital privileges.

(d) Any other civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under any country's or state's statutory, common, or case law.

(e) Failure of any dental licensure examination.

(9) Failure to make application for licensure within ninety (90) days after a person has successfully completed all requirements for licensure may result in denial of any subsequently filed application unless good cause is shown for failure to do so.

(10) An applicant shall submit evidence of current training in cardiopulmonary resuscitation issued by a Board approved training organization.

(11) An applicant shall indicate whether the applicant is physically capable of performing the procedures included in the practice of dentistry and if not, make explanation.

(12) If an applicant has ever held a license to practice dentistry in any other state or Canada, the applicant shall submit or cause to be submitted the equivalent of a Tennessee Certificate of Endorsement from each such licensing board which indicates the applicant either holds a current active license and whether it is in good standing, or held a license which is currently inactive and whether it was in good standing at the time it became inactive.

(13) Inactive Volunteer Licensure - Applicants who intend to practice Dentistry exclusively without compensation on patients who receive Dentistry services from organizations granted a determination of exemption pursuant to Section 501(c)(3) of the Internal Revenue Code may obtain an inactive volunteer license to do so as follows:

(a) Applicants who currently hold a valid Tennessee license to practice Dentistry issued by the Board pursuant to this rule which is in good standing must:

1. Retire their active licenses pursuant to the provisions of Rule 0460-2-.09(1) and:

2. Have submitted to the Board Administrative Office directly from the qualified organization proof of the determination of exemption issued pursuant to Section 501 (c)(3) of the Internal Revenue Code; and

3. Certify that they are practicing Dentistry exclusively on the patients of the qualified entity and that such practice is without compensation.

(b) Applicants who do not currently hold a valid Tennessee license to practice Dentistry must comply with all provisions of paragraphs (1) through (12) of this rule.

(c) Inactive volunteer licensees are subject to all rules governing renewal, retirement, reinstatement and reactivation as provided by Rules 0460-2-.08 and .09. These licenses are also subject to disciplinary action for the same causes and pursuant to the same procedures as active licenses. Under no circumstance shall an inactive volunteer licensee be renewed without payment of the required biennial renewal fee as stated in Rule 0460-1-.02, and completion of the annual continuing education requirement as stated in Rule 0460-1-.05(1).

(14) Application review and licensure decisions required by this rule shall be governed by rule 0460-1-.04.

Authority: *T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-110, 63-5-111, 63-5-117, and 63-5-132.* ***Administrative History:*** *Original rule certified June 7, 1974. Repeal and new rule filed August 26, 1980; effective December 1, 1980. Amendment filed October 13, 1983; effective November 14, 1983. Amendment filed September 24, 1987; effective November 8, 1987. Amendment filed June 8, 1989; effective July 23, 1989. Amendment filed November 30, 1989; effective January 14, 1990. Amendment filed April 30, 1991; effective June 14, 1991. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 9, 2000; effective April 24, 2000.*

0460-2-.02 DUAL DEGREE LICENSURE PROCESS. The Board may issue a license to practice dentistry in Tennessee to persons who hold both dental and medical degrees and meet the qualifications contained in this rule. The process for obtaining a license by this method is as follows:

(1) An applicant shall obtain an application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office. It is the intent of this rule that all activities necessary to accomplish the filing of the required documentation be completed prior to filing a licensure application and that all documentation be filed simultaneously.

(2) An applicant shall request that a transcript from a dental school, college or university be sent directly from the institution to the Board Administrative Office. The transcript must show that either a D.D.S. or D.M.D. degree was conferred and carry the official seal of the institution.

(3) An applicant shall submit a signed and notarized passport photograph taken within the preceding twelve (12) months.

(4) An applicant must submit evidence of good moral character and competence. Such evidence shall include at least two (2) letters attesting to the applicant's character and ability from licensed dentists or physicians on the signator's letterhead.

(5) An applicant shall submit proof of United States or Canada citizenship or evidence of being legally entitled to live in the United States. Such evidence may include notarized copies of birth certificates, naturalization papers, or current visa status.

(6) An applicant shall submit the licensure application fee and state regulatory fees as provided in rule 0460-1-.02 (1).

(7) If the applicant has ever taken the SRTA examination, an application will not be approved unless and/or until a certification is submitted which indicates that the applicant achieved passing scores on all parts of the examination.

(Rule 0460-2-.02, continued)

(8) An applicant shall indicate whether the applicant is physically capable of performing the procedures included in the practice of dentistry and if not, make explanation.

(9) An applicant shall submit evidence of current training in cardiopulmonary resuscitation issued by a Board approved training organization.

(10) An applicant shall disclose the circumstances surrounding any of the following:

(a) Conviction of any criminal law violation of a country, state or municipality, except minor traffic violations.

(b) The denial of licensure application by any other state or the disciplinary of licensure in any state.

(c) Loss or restriction of hospital privileges.

(d) Any other civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under any county's or state's statutory, common, or case law.

(e) Failure of any dental and/or medical licensure examination.

(11) An applicant shall submit or cause to be submitted the equivalent of a Tennessee Certificate of Endorsement from the licensing board(s) of every state or U.S. territory in which the applicant has ever been licensed as a dentist and/or physician which indicates the applicant either holds a current active license(s) and whether it is in good standing, or held a license(s) which is currently inactive and whether it was in good standing at the time it became inactive. An applicant must possess an active dental license which is in good standing in at least one (1) other state or U.S. territory.

(12) An applicant shall cause to be submitted a certification which indicates that a graduate training program in a specialty branch of dentistry listed in *T.C.A. §63-5-112* or rule 0460-2-.06 has been successfully completed.

(13) An applicant must apply for a specialty certification and successfully complete all requirements for that specialty certification as provided in rule 0460-2-.06 before application for licensure shall be granted.

(14) An applicant shall submit a copy of an active, current license to practice medicine in Tennessee.

(15) Application review and licensure decisions required by this rule shall be governed by rule 0460-1-.04.

Authority: *T.C.A. §§63-5-110, 63-5-105, 4-5-202, and 4-3-1011.* ***Administrative History:*** *Original rule certified June 7, 1974. Repeal and new rule filed August 26, 1980; effective December 1, 1980. Amendment filed October 13, 1983; effective November 14, 1983. Amendment filed September 24, 1987; effective November 8, 1987. Amendment filed June 8, 1989; effective July 23, 1989. Amendment filed April 30, 1991; effective June 14, 1991. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996.*

0460-2-.03 EDUCATIONAL LICENSURE PROCESS. The Board does not grant full licensure status by reciprocity to dentists licensed in another state. However, a dentist licensed by any other state, with a current and active license in that state, may be issued a license to practice dentistry under the auspices of a dental educational

(Rule 0460-2-.03, continued)

institution. This type of license limits the dentist's location and activity to teaching and practice in programs offered only through the educational institution. It does not authorize independent private practice in any location. The process for obtaining a limited educational license is as follows:

(1) An applicant shall obtain an application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office. It is the intent of this rule that all activities necessary to accomplish the filing of the required documentation be completed prior to filing a licensure application and that all documentation be filed simultaneously.

(2) An applicant shall request that a transcript from a dental school, college or university be sent directly from the institution to the Board Administrative Office. The transcript must show that the degree was conferred and carry the official seal of the institution.

(3) An applicant shall submit a signed passport photograph taken within the preceding twelve (12) months.

(4) An applicant must submit evidence of good moral character and competence. Such evidence shall include at least two (2) letters attesting to the applicant's character and ability from licensed dentists on the signator's letterhead.

(5) An applicant shall submit proof of United States or Canadian citizenship or evidence of being legally entitled to live in the United States. Such evidence may include copies of birth certificates, naturalization papers, or current visa status.

(6) An applicant shall submit the licensure application fee and state regulatory fees as provided in rule 0460-1-.02 (1). After the application is approved the applicant must submit the educational licensure fee as provided in rule 0460-1-.02 (1).

(7) If the applicant has ever taken the SRTA examination an application will not be approved unless and/or until a certification is submitted which indicates that the applicant achieved passing scores on all parts of the examination.

(8) An applicant shall indicate whether the applicant is physically capable of performing the procedures included in the practice of dentistry and if not, make explanation.

(9) An applicant shall submit evidence of current training in cardiopulmonary resuscitation issued by a Board approved training organization.

(10) An applicant shall disclose the circumstances surrounding any of the following:

(a) Conviction of any criminal law violation of a country, state or municipality, except minor traffic violations.

(b) The denial of licensure application by any other state or the discipline of licensure in any state.

(c) Loss or restriction of hospital privileges.

(d) Any other civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under any country's or state's statutory, common, or case law.

(Rule 0460-2-.03, continued)

(e) Failure of any dental licensure examination.

(11) An applicant shall submit or cause to be submitted the equivalent of a Tennessee Certificate of Endorsement from the licensing board(s) of every state in which the applicant has ever been licensed which indicates the applicant either holds a current active license and whether it is in good standing, or held a license which is currently inactive and whether it was in good standing at the time became inactive. An applicant must possess an active license which is in good standing in at least one (1) other state. That license must have been active for at least one (1) year prior to application.

(12) The Dean or Director of the dental educational institution at which the applicant is to be employed shall submit on behalf of the applicant the following:

(a) A letter of recommendation for educational licensure; and

(b) a copy of the contract employing the applicant as a faculty member at the institution.

(13) The dean or director of the educational institution shall immediately notify the Board in writing of the termination of any licensee's employment and the reasons therefor delivered to the Board Administrative Office. Such notification terminates the licensee's authority to practice in Tennessee.

(14) Any person holding an educational license is subject to all disciplinary provisions of the Tennessee Dental Practice Act.

(15) Application review and licensure decisions required by this rule shall be governed by rule 0460-1-.04.

Authority: *T.C.A. §§4-5-202, 4-5-204, 4-3-1011, 63-5-105, 63-5-107, 63-5-110, 63-5-111, and 63-5-124.* ***Administrative History:*** *Original rule certified June 7, 1974. Repeal and new rule filed August 26, 1980; effective December 1, 1980. Amendment filed October 13, 1983; effective November 14, 1983. Amendment filed September 21, 1989; effective November 5, 1989. Amendment filed April 30, 1991; effective June 14, 1991. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 9, 2000; effective April 24, 2000. Amendment filed April 10, 2001; effective June 24, 2001. Amendment filed April 10, 2002; effective June 24, 2002.*

0460-2-.04 LICENSURE EXEMPTION PROCESS. Any person who pursuant to *T.C.A. §63-5-109*, may be eligible to practice dentistry in Tennessee without a Tennessee dental license or with a Board issued exemption from licensure may practice or secure an exemption upon compliance with any of the following which apply to the person's circumstances:

(1) Dentists licensed in Tennessee who intend to call into Tennessee, a dentist licensed in another state for consultative or operative purposes, must obtain prior or advance approval by submitting a letter of request to the Board Administrative Office. In emergency situations, telephone requests for prior approval may be utilized.

(2) The director of any special project not affiliated with a state supported institution or public health agency who intends to employ dentists licensed in another state must obtain approval of the special project by submitting a letter of request to the Board Administrative Office which sets forth all particulars of the special project. Dentists employed in the approved special projects may practice only until the next SRTA examination. However, dentists employed in such projects who are under the sponsorship of a dentist licensed in Tennessee and are under the auspices of a local dental society may only be employed for a period of six (6) months.

(Rule 0460-2-.04, continued)

(3) The Director or Owner of any agency other than a licensed hospital which intends to employ dental interns, externs or graduates of dental schools when such individuals are not licensed in any state must obtain approval of the agency by submitting a written request for approval to the Board Administrative Office which sets forth the particulars of the agency and justification for employing such individuals.

(4) The Director of any research or development project employing personnel who will be performing dental procedures must obtain approval of the project by submitting a written request for approval to the Board Administrative Office which sets forth the particulars of the project and contains evidence that the project is under the auspices and direction of a recognized educational institution or the Tennessee Department of Health.

(5) The Dean of the dental teaching institution which intends to employ or utilize unlicensed graduates of dental schools, colleges or universities as clinical instructors must submit a written application for exemption to the Board Administrative Office which contains the following:

(a) The duties to be performed by the graduates, and

(b) The method of supervision imposed by the institution over the graduates, and

(c) A list of all graduates requiring exemption, and

(d) The student clinical instructor exemption fee as provided in rule 0460-1-.02 (1) for each graduate requiring exemption.

(6) Exemptions granted pursuant to paragraph (5) of this rule shall be effective only until the next scheduled applicable examination of the Board and shall not be extended.

(7) Application review and decisions required by this rule are governed by rule 0460-1-.04.

Authority: *T.C.A. §§63-5-105(7), 63-5-109, and 4-5-202.* ***Administrative History:*** *Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996.*

0460-2-.05 EXAMINATION. All persons intending to apply for licensure as a dentist in Tennessee must successfully complete all the examinations provided by this rule, except for educational licensure applicants who need only successfully complete the jurisprudence examination, and dual degree licensure applicant's who need not complete any licensure examinations. Completion of the required examinations is a prerequisite for application for licensure. Certification of successful completion must be submitted as part of the application process.

(1) The Board adopts as its licensure examinations and requires, with the previously noted exceptions, successful completion of all of the following examinations as a prerequisite for licensure:

(a) The SRTA examination; and

(b) The National Board if the applicant graduated from a dental college, school or university after 1972.

(2) Admission to, application for and the fees required to sit for the SRTA and National Boards' examinations are governed by and must be submitted to the testing agency.

(Rule 0460-2-.05, continued)

(3) Passing scores on the SRTA and National Board examinations are determined by the testing agency. Such passing scores as certified to the Board are adopted by the Board as constituting successful completion of those examinations.

(4) Applicants must supply or furnish their own patients, instruments and materials as required by the testing agency.

(5) Applicant's who fail to successfully complete any of the examinations may apply for reexamination.

(6) Oral examination may be required pursuant to rule 0460-1-.04.

(7) The Board adopts as its own, the determination made by SRTA and the National Boards of the length of time that a passing score on their respective examinations will be effective for purposes of measuring competency and fitness for dental licensure; however, an applicant's test scores from SRTA exams which were taken over five years before application was made for licensure in Tennessee will be considered by the Board on a case by case basis after the applicant appears before the Board for an examination.

(8) Applicants for licensure who have failed either the National Board or the Southern Regional Testing Agency (SRTA) examination three (3) times must successfully complete a remedial course of post-graduate studies at a school accredited by the American Dental Association before consideration for licensure by the Board. The applicant shall cause the program director of the post-graduate program to provide written documentation of the content of such course and certify successful completion.

Authority: *T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-111, and 63-5-114.* ***Administrative History:*** *Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed August 28, 2001; effective November 11, 2001. Amendment filed April 10, 2002; effective June 24, 2002.*

0460-2-.06 SPECIALTY CERTIFICATION.

(1) Recognized Specialties - The Board recognizes and will issue specialty certification in the following branches of dentistry:

(a) Dental Public Health;

(b) Endodontics;

(c) Oral and Maxillofacial Surgery;

(d) Oral Pathology;

(e) Orthodontics and Dentofacial Orthopedics;

(f) Pediatric Dentistry (Pedodontics);

(g) Periodontics;

(h) Prosthodontics.

(2) Certification - To become certified as a specialist in a particular branch of dentistry an applicant must be licensed as a dentist in Tennessee except those persons eligible for licensure pursuant to rule 0460-2-.02, and comply with the following:

(a) An applicant shall obtain a specialty application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office.

(b) An applicant shall submit the specialty certification application fee as provided in rule 0460-1-.02 (1).

(c) An applicant shall comply with one of the following:

1. Submit the specialty examination fee as provided in rule 0460-1-.02 (1) and cause to be submitted directly from the school to the Board Administrative Office proof of all educational qualifications and documentation required by the paragraph of this rule which governs the branch of dentistry in which the specialty certification is sought; or

2. Have a letter sent directly from the secretary of the American Board of the particular specialty for which application is made, to the Board Administrative Office which indicates that the applicant is certified by the American Board in that specialty and that the applicant is in good standing. All such certificates approved by the Board may be accepted as sufficient for specialty certification in lieu of examination. Acceptance of such certificates is discretionary with the Board.

(d) Submit any other documentation required by the Board after review of the application.

(e) Unless certification is issued pursuant to paragraph (2)(c)2. of this rule, an applicant must successfully complete an examination as provided in paragraph (3) of this rule.

(f) Application review and decisions required by this rule are governed by rule 0460-1-.04.

(3) Examination

(a) All applicants who must sit for a specialty examination must have first complied with all other requirements for certification.

(b) The content of the examinations are contained in the paragraphs of this rule governing the specialty branch of dentistry in which certification is sought.

(c) An applicant must make a score of at least seventy-five (75) on each of the subject areas of any required examination to be eligible for specialty certification.

(d) An applicant who fails to attain passing scores may reapply pursuant to paragraph (2)(c)1. of this rule and retake the entire examinations. However, an applicant who fails to achieve a passing score on an examination after three (3) attempts may not apply to retake the examination until the applicant submits documentation of one (1) year or its equivalent of additional dental education at the university level.

(e) Anonymity on all written specialty examinations is required. Applicants shall use and be known as the numbers assigned to them. Applicants shall not write their names upon their examination papers. Violation of this rule may result in return of papers and dismissal of the applicants.

(Rule 0460-2-.06, continued)

(f) An applicant may be required to submit to an oral examination even if certification from an American Board in a specialty is accepted in lieu of full examination.

(4) Dental Public Health

(a) The documentation and examinations shall be those required by the American Dental Association as regards its regulation of this specialty branch of dentistry.

(5) Endodontics

(a) Required Documentation - An applicant must submit the following documents to the Board Administrative Office:

1. Certification of successful completion of at least two (2) years of postgraduate training in Endodontics at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

2. Case Histories: The applicant must submit thirty (30) days before the examination, ten (10) endodontic cases which have been treated by the applicant. These cases should include at least four (4) molars and two (2) bicuspids and should be selected to demonstrate the clinical management of a variety of endodontic problems. Each case shall be accompanied by a complete case history, diagnosis and outline of therapy, and by all pertinent radiographs, including initial and comprehensive follow-up radiographs.

(b) Examination - An applicant must successfully complete a written examination and, if the Board in its discretion requires, a practical examination. The content of those examinations is as follows:

1. Written Examination - The subjects may cover all phases of Endodontics including but not limited to the following:

(i) Diagnosis of pulpal and periapical pathology.

(ii) Indication and contraindiction for endodontic therapy.

(iii) Selection of cases for endodontic treatment.

(iv) Methods of endodontic treatment.

(v) Surgical procedures applicable to endodontics.

(vi) Management of acute cases with and without systematic manifestation.

(vii) Selection of drugs in endodontic therapy.

(viii) Radiology as applied to endodontics.

(ix) Patient management.

(x) Pre and post operative medication in endodontic therapy.

(xi) Bacteriology as applied to endodontics.

2. Practical Examination - If required, this examination may include any or all of the following:

(i) A ‘‘first sitting’’ endodontic treatment including:

(I) Placement of rubber dam (including a demonstration of the application of the rubber dam to various areas of the dentition and under various conditions such as bridge abutments, etc.)

(II) Establishment of access.

(III) Instrumentation.

(IV) Debridement.

(V) Culturing.

(VI) Medication.

(VII) Sealing.

(ii) A ‘‘final sitting’’ endodontic treatment including completion of filling or obturation of the canal or canals.

(iii) An apicoectomy or apical curettage.

(iv) Bleaching (this may be done on the same tooth as no. (ii) and (iii) or on a separate tooth).

(6) Oral and Maxillofacial Surgery

(a) Required Documentation - An applicant must submit the following documents to the Board Administrative Office:

1. Certification of successful completion of advanced study in Oral and Maxillofacial Surgery of four (4) years or more in a graduate school or hospital recognized by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

(b) Examination - An applicant must successfully complete a written examination, and if the Board in its discretion requires, a practical examination. The content of those examinations will be as determined by the Board.

(7) Oral Pathology

(a) Required Documentation - An applicant must submit certification of successful completion of two (2) years of postgraduate training in Oral Pathology at the university level in a program approved by the Council on Dental Education of the American Dental Association and the

(Rule 0460-2-.06, continued)

Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

(b) Examinations - An applicant must successfully complete a written and/or oral examination and a practical examination.

1. Written and/or Oral Examinations - The examination may include the following materials and subjects:

(i) Basic science required for an understanding of oral diseases.

(ii) Etiology, pathogensis, diagnosis and management of oral disease.

(iii) Laboratory procedures in the diagnosis of oral disease.

(iv) Oral pathology.

(v) Oral medicine.

(vi) Oral diagnosis.

(vii) Oral radiation.

(viii) Experimental pathology.

2. Practical Examination - The examination will consist of the presentation of case histories with clinical and microscopic slides.

(8) Orthodontics and Dentofacial Orthopedics - An applicant must submit, with the application form, documentation of successful completion of one (1) of the following:

(a) Certification of successful completion of two (2) academic years of training in orthodontics and dentofacial orthopedics in an approved Postgraduate Department of an accredited dental school, college or university. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

(b) Certification of successful completion of an organized preceptorship training program in orthodontics and dentofacial orthopedics approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the preceptorship training program, to be submitted directly from the school to the Board Administrative Office.

(9) Pediatric Dentistry (Pedodontics)

(a) Required Documentation - An applicant must submit the following documentation to the Board Administrative Office:

1. Certification of successful completion of at least two (2) years of graduate or post graduate study in pediatric dentistry according to the following:

(i) If such study is completed in whole or in part at a dental school, college or university the graduate or postgraduate program must be approved by the Council on Dental Education of the American Dental Association.

(ii) The graduate or postgraduate program need not lead to an advanced degree.

(iii) The program of study may be pursued in hospitals or clinics or other similar institutions.

(iv) One (1) academic year of graduate or postgraduate study will be considered as equivalent to one (1) calendar year.

(v) Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

2. At least thirty (30) days prior to the examination an applicant must submit the following case histories for patients treated by the applicant:

(i) Histories of the treatment of three (3) primary teeth with exposed vital pulps. Each history shall consist of:

(I) Preoperative radiographs which clearly show the periapical areas.

(II) A brief description (in outline form) of; the justification of treatment; technique of treatment used; and results of treatment after at least six (6) months.

(III) Postoperative radiographs which clearly show the periapical areas for at least six (6) months after treatment.

(ii) Histories of two (2) traumatized permanent incisor teeth. The severity of trauma must be defined as an Ellis Class II or III fracture. Each history shall consist of:

(I) Preoperative radiographs which clearly show the periapical areas.

(II) A brief description (in outline form) of; the type and cause of trauma; condition of the tooth when first examined by the applicant; justification for treatment; technique used in the treatment of the pulp and in the restoration of the tooth; and the results of treatment for at least six (6) months following the initial treatment.

(III) Postoperative radiographs which clearly show the periapical areas for at least six (6) months following the initial treatment.

(iii) Histories of three (3) patients, at least one (1) of which shall be the history of a preschool child, demonstrating comprehensive operative procedures completed for preschool children and children with mixed dentition.

(I) The histories should consist of enough description to make the procedure used clear to the examiner.

(II) Preoperative and postoperative radiographs, consisting of a complete periapical and bite wing survey, shall be presented for each patient.

(III) One (1) case history shall include a brief description of the caries control procedures followed. This shall be documented with full mouth periapical and bite-wing radiographs prepared before and after operative treatment is completed and again at least six (6) months following treatment, together with a list of new carious tooth surfaces involved after a period of six (6) months.

(iv) Histories of two (2) patients for whom different types of space maintainers were used. Each history shall consist of:

(I) Preoperative periapical radiographs and plaster models demonstrating the need for a space maintainer.

(II) Justification for the type of space maintainer used.

(III) Postoperative radiographs and plaster models for at least six (6) months following the placement of the space maintainer.

(IV) The original space maintainer or duplicate mounted on plaster models.

(v) Histories of two (2) patients for whom preventive orthodontic and dentofacial orthopedic treatment was employed to intercept or correct a developing malocclusion. Each history shall consist of:

(I) Adequate preoperative records (at least radiographs and plaster models) to demonstrate the justification for treatment.

(II) Adequate postoperative records to demonstrate the result of the treatment including all applicance used or their duplicates.

(vi) All case histories must be prepared for proper mailing back to the applicant including return postage.

(b) Examination - An applicant must successfully complete a written examination, and if the Board in its discretion requires, a practical examination.

1. Written Examination - The subjects may cover all phases of Pediatric Dentistry including but not limited to the following:

(i) Pupal therapy for the primary and immature permanent teeth.

(ii) Behavioral management (for the child and the parent).

(iii) Operative procedures for the primary and immature permanent teeth. Prosthodontic procedures for the child. Dental Anatomy (primary teeth).

(iv) Properties and manipulation of materials (silver amalgam, silicious cements, resinous filling materials, impression gold castings, fused porcelain, gold foil,

denture materials, applicance materials, impression materials, applicance materials, and materials for constructing models.

(v) Anesthesia, extraction and minor surgery.

(vi) Growth, development, and health problems of childhood.

(vii) Dental health guidance and preventive dentistry (for the child and the parents).

2. Practical Examination - If required, the subjects to be covered shall be as determined by the Board.

(10) Periodontics

(a) Required Documentation - An applicant must submit the following documentation to the Board Administrative Office:

1. Certification of successful completion of at least two (2) years of postgraduate training in periodontics at the university level in a program approved by the Commission on Dental Education of the American Dental Association and by the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

2. An applicant shall submit, at least thirty (30) days prior to a scheduled examination, three (3) documented cases histories of patients treated by the applicant which shall include the following:

(i) Complete periodontal charting on forms provided to the applicant by the Board indicating the status of the patient before treatment and at least four (4) months post-treatment.

(ii) A complete set of radiographs including bite-wings taken before treatment and at least four (4) months post-treatment.

(iii) Complete case histories which shall include: the patient’s chief compliant; past dental history; present medical history; diagnosis etiology; treatment plan; review of actual treatment performed; initial evaluation of treatment; long-term evaluation of treatment (at least four (4) months post-treatment); and a proposed restorative plan as well as a plan for recall and maintenance.

(iv) Kodachrome sides mounted in plastic sheets are to be presented which will show the patient prior to treatment and at the four (4) month or longer post-treatment evaluation.

(v) Each case must include slides of at least one (1) quadrant of surgery (if performed). At least two (2) of the cases must have been treated by surgical procedures.

(vi) All cases must exhibit advanced periodontal disease. Each case must have at least the first molar present initially in each quadrant.

(Rule 0460-2-.06, continued)

(vii) All case histories must be prepared for proper handling and mailing back to the applicant including return postage.

(viii) If all cases are accepted, the applicant shall place them in a Kodak carousel or equivalent slide tray for all projection and bring them to the oral examination.

(ix) All case histories and charting shall be prepared in triplicate. They may be prepared by hand or they may be duplicated by a copier which reproduces the charting in color.

(x) A statement signed by the applicant's graduate program director (if the applicant is just completing graduate training) or a notarized statement from each patient presented is required stating that the applicant did in fact treat the patient and that at least four (4) months have elapsed from the completion of case treatment or the last surigical experience.

(b) Examinations - Applicants shall, unless otherwise provided, successfully complete both a written and oral examination.

1. Written Examination - If an applicant can document successful completion of Part 1 Written Examination of the American Board of Periodontology, a written examination will not be required. Otherwise, an applicant must successfully complete a written examination which will comprehensively cover periodontology and periodontics.

2. Oral Examination - If an applicant is a diplomate of the American Board of Periodontology, an oral examination is not required but the applicant must appear before the Board or its designee for an interview. Otherwise, an applicant must successfully complete an oral examination covering subjects as determined by the Board.

(11) Prosthodontics

(a) Required Documentation - An applicant must submit the following documentation to the Board Administrative Office:

1. Certification of successful completion of at least two (2) years of a postdoctoral education in Prosthodontics in a program approved by the Commission on Dental Accreditation of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

2. The applicant must submit, at least thirty (30) days prior to examination, two (2) completed patient treatment case histories, one (1) case history in each of two (2) of the three (3) branches of prosthodontics (fixed, removable or maxillofacial). An applicant may choose to declare which branch or branches to be emphasized. The documentation must include the following:

(i) History.

(ii) Diagnosis.

(iii) Complete pre-treatment and post-treatment roentgenograms.

(Rule 0460-2-.06, continued)

(iv) Pre-treatment mounted diagnostic cast and post-treatment mounted cast.

(v) Pre-treatment and post-treatment photographs.

(vi) Record of treatment.

(b) Examinations - An applicant shall successfully complete a written and oral examination.

1. Written Examination - The written examination shall be multiple choice covering subjects as determined by the Board.

2. Oral Examination - The oral examination may include but not be limited to all or part of the following:

(i) Dental materials.

(ii) Fixed partial dentures.

(iii) Removable partial dentures.

(iv) Complete removable dentures.

(v) Maxillofacial prosthetics.

(vi) Restoration of dental implants.

(vii) Concepts and theories of occlusion.

(viii) Dynamics of mandibular movement.

(ix) Oral pathology and diagnosis.

(x) Pharmacology.

(xi) Periodontal concepts related to prosthodontics.

(xii) Current literature.

(12) General Rules Governing Specialty Practice.

(a) Examiners - The Board, any of its members or Board selected practitioners may conduct and grade any of the examinations required for specialty certification.

(b) Scope of Practice - Dentists certified in a specialty branch of dentistry must devote and confine a majority of their practice to the certified specialty only. Any specialty certified dentists who do not so confine their practice or who return to general practice must retire specialty certification on forms obtained from and submitted to the Board Administrative Office.

(c) A current and active dental license issued by the Board is a prerequisite to the continued practice under any specialty certification.

Authority: *T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-112, and 63-5-113.* ***Administrative History:*** *Original rule filed December 11, 1992; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27,*

(Rule 0460-2-.06, continued)

1996. Amendment filed December 7, 1998; effective February 20, 1999. Amendment filed April 10, 2001; effective June 24, 2001.

0460-2-.07 ANESTHESIA AND SEDATION.

(1) Definitions

(a) Advanced Cardiac Life Support (ACLS). A certification that means a person has successfully completed an advanced cardiac life support course offered by a recognized accrediting organization.

(b) American Society of Anesthesiologists (ASA) Patient Physical Status Classification

1. ASA I - A normal healthy patient.

2. ASA II - A patient with mild systemic disease.

3. ASA III - A patient with severe systemic disease.

4. ASA IV - A patient with severe systemic disease that is a constant threat to life.

5. ASA V - A moribund patient who is not expected to survive without the operation.

6. ASA VI - A declared brain-dead patient whose organs are being removed for donor purposes.

7. E - Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA III-E).

(c) Antianxiety premedication (anxiolysis). The prescription of pharmacologic substances for the relief of anxiety and apprehension.

(d) Certified Registered Nurse Anesthetist (CRNA). A registered nurse currently licensed by the Tennessee Board of Nursing who is currently certified as such by the American Association of Nurse Anesthetists.

(e) Conscious sedation. A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

(f) Deep sedation. An induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.

(g) Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e, oral, rectal, sublingual].

(h) General anesthesia. An induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.

(Rule 0460-2-.07, continued)

(i) Health Care Provider Life Support. The skills necessary to administer cardiopulmonary resuscitation (CPR) for victims of all ages.

(j) Hospital. A hospital licensed by the Department of Health's Division of Health Care Facilities.

(k) Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(l) Nitrous oxide inhalation analgesia. The administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(m) Pediatric Advanced Life Support (PALS). A certification that means a person has successfully completed an pediatric advanced life support course offered by a recognized accrediting organization.

(n) Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intransal (IN), submucosal (SM), subcutaneous (SC)].

(o) Physician. A person licensed to practice medicine and surgery pursuant to Tennessee Code Annotated Title 63, Chapters 6 or 9.

(2) Permits required.

(a) No permit is required for the administration of nitrous oxide inhalation analgesia; however, dentists must comply with the provisions of 0460-2-.07 (4).

(b) No permit is required for the use of antianxiety premedication (anxiolysis); however, dentists must comply with the provisions of 0460-2-.07 (5).

(c) Dentists must obtain a permit to administer conscious sedation. A conscious sedation permit may be limited or comprehensive.

1. A limited conscious sedation permit authorizes dentists to administer conscious sedation by the enteral and/or combination inhalation-enteral method.

2. A comprehensive conscious sedation permit authorizes a dentist to administer conscious sedation by the enteral, combination inhalation-enteral or parenteral method.

3. Children thirteen (13) and under

(i) Dentists who administer conscious sedation by any method to children thirteen (13) and under must have a comprehensive conscious sedation permit.

(ii) Agents used to produce conscious sedation/deep sedation/general anesthesia in children thirteen (13) years of age and under must be given under the direct supervision of the dentist.

(Rule 0460-2-.07, continued)

4. Dentists issued limited or comprehensive conscious sedation permits must comply with rule 0460-2-.07 (6).

(d) Dentists must obtain a permit to administer deep sedation/general anesthesia and comply with rule 0460-2-.07 (7).

(3) Determination of degree of sedation

(a) The degree of sedation or consciousness level of a patient is the determinant for the application of these rules, not the route of administration. Determining the degree of sedation or level of consciousness of a patient is based upon:

1. The type and dosage of medication that was administered or was proposed for administration to the patient;

2. The age, physical size and medical condition of the patient receiving the medication; and

3. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

(b) In a proceeding of the board at which the board must determine the degree of sedation or level of consciousness of a patient, the board will base its findings on the provisions of subparagraph (a).

(4) Nitrous oxide inhalation analgesia.

(a) Nitrous oxide may be administered by a licensed dentist or a licensed and properly certified dental hygienist under the direct supervision of a licensed dentist. The administering or supervising dentist must be on the premises at all times that nitrous oxide is in use.

(b) An authorized person must constantly monitor each patient receiving nitrous oxide. In addition to dentists, any licensed dental hygienist or registered dental assistant who has complied with rules 0460-3-.06 or 0460-4-.05 is an authorized person and may monitor patients who are receiving nitrous oxide.

(c) Monitoring nitrous oxide. Monitoring patients receiving nitrous oxide inhalation analgesia as an adjunct to dental or to dental hygiene procedures consists of continuous direct clinical observation of the patient and begins after the dentist or dental hygienist has initiated the analgesia. The dentist must be notified of any change in the patient which might indicate an adverse effect on the patient. Those certified in nitrous oxide monitoring may terminate the administration of nitrous oxide inhalation analgesia.

(d) All equipment for the administration of nitrous oxide must be designed specifically to guarantee that an oxygen concentration of no less than twenty-five percent (25%) can be administered to the patient.

(e) All equipment for the administration of nitrous oxide must be equipped with a scavenger system.

(5) Antianxiety premedication (anxiolysis).

(Rule 0460-2-.07, continued)

(a) The regulation and monitoring of this modality of treatment are the responsibility of the ordering dentist. The drugs used should carry a margin of safety wide enough to render unintended conscious sedation or loss of consciousness unlikely.

(b) A dentist using antianxiety premedication must employ auxiliary personnel who are certified in Health Care Provider Life Support.

(6) Conscious sedation.

(a) Dentists must obtain a permit from the Board of Dentistry to administer conscious sedation in the dental office. Conscious sedation permits are either limited or comprehensive.

1. To obtain a limited conscious sedation permit, a dentist must provide certification of one (1) of the following:

(i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training necessary to administer and manage enteral and/or combination inhalation-enteral conscious sedation, or

(ii) Completion of a continuing education course which consists of a minimum of eighteen (18) hours of didactic instruction plus twenty (20) clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication.

2. Obtaining a comprehensive conscious sedation permit

(i) To obtain a comprehensive conscious sedation permit a dentist must provide certification in one (1) of the following:

(I) Completion of an ADA accredited postdoctoral training program which affords comprehensive training to administer and manage parenteral conscious sedation, or

(II) Completion of a continuing education course consisting of a minimum of sixty (60) hours of didactic instruction plus the management of at least twenty (20) patients which provides competency in parenteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication, or

(III) Possess on the effective date of this regulation a current valid intravenous conscious sedation permit issued by the board. Such dentist will be issued a new comprehensive conscious sedation permit and must comply with the general rules set forth in this regulation.

(ii) Dentists who provide conscious sedation for children must provide evidence of adequate training in pediatric sedation techniques and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.

3. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer conscious sedation must have a valid comprehensive conscious sedation permit.

4. A dentist may utilize a physician (MD or DO), who is a member of the anesthesiology staff of an accredited hospital, or a permitted dentist to administer conscious sedation in that dentist's office. Such person must remain on the premises of the dental facility until all patients given conscious sedation meet discharge criteria. The office must comply with the general rules for conscious sedation, i.e. rule 0460-2-.07 (6) (b). A dentist utilizing such person and complying with these provisions does not require a conscious sedation permit.

(b) General rules for conscious sedation.

1. Physical facilities.

(i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least two persons, to move freely about the patient.

(ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.

(iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.

(v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.

(vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.

(vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.

(viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.

(ix) Inspections of the anesthesia equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

2. Personnel.

(Rule 0460-2-.07, continued)

(i) During conscious sedation at least one (1) person, in addition to the operating dentist, must be present.

(ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in Health Care Provider Life Support.

(iii) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.

(iv) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.

(v) Notwithstanding the provisions of part (iv), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.

3. Patient evaluation. Patients subjected to conscious sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may be simply a review of their current medical history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is indicated.

4. Dental records. The dental record must include:

(i) A medical history including current medications and drug allergies;

(ii) Informed consent for the type of anesthesia used;

(iii) Baseline vital signs including blood pressure and pulse. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented;

(iv) A time-oriented anesthesia record which includes the drugs and dosage administered;

(v) Documentation of complications or morbidity; and

(vi) Status of the patient on discharge.

5. Monitoring.

(i) Direct clinical observation of the patient must be continuous.

(ii) Interval recording of blood pressure and pulse must occur.

(iii) Oxygen saturation must be evaluated continuously by a pulse oximeter.

(iv) The patient must be monitored during recovery by trained personnel until stable for discharge.

(Rule 0460-2-.07, continued)

(v) If monitoring procedures are prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented.

6. Emergency management.

(i) Written protocols must be established by the dentist to manage emergencies related to conscious sedation including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension, hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation.

(ii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be provided and documented which include sessions on emergencies, life safety, medical equipment, utility systems, infection control, and hazardous waste practices.

(iii) A cardiac defibrillator must be available.

(iv) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.

7. Recovery and discharge.

(i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.

(ii) The dental office must develop specific criteria for discharge parameters for conscious sedation for both adult and pediatric patients.

(iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible person.

(7) Deep sedation/general anesthesia.

(a) Dentists must obtain a permit from the Board of Dentistry to administer deep sedation/general anesthesia in the dental office.

1. Obtaining the permit

(i) To obtain a deep sedation/general anesthesia permit, a dentist must provide certification of one (1) of the following:

(I) Successful completion of a minimum of one (1) year advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, 2000 edition, or its successor publication, or

(Rule 0460-2-.07, continued)

(II) Proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the American Dental Association; or

(III) Proof of successful completion of a residency program in general anesthesia of not less than one (1) calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia or proof that the applicant is a Diplomate of the American Board of Dental Anesthesiology; or

(IV) Possess on the effective date of this regulation a current, valid general anesthesia permit issued by the board. Such dentists will be issued a new deep sedation/general anesthesia permit and must comply with the general rules set forth in this regulation.

(ii) Dentists who provide deep sedation/general anesthesia for children must provide evidence of adequate training in pediatric sedation techniques, in general anesthesia, and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.

2. At the time of application for a deep sedation/general anesthesia permit, a dentist must have current certification in Advanced Cardiac Life Support (ACLS). A pediatric dentist may substitute Pediatric Advanced Life Support (PALS).

3. A dentist may utilize a physician (MD or DO), who is a member of an anesthesiology staff of an accredited hospital, or another dentist who holds a deep sedation/general anesthesia permit to administer deep sedation or general anesthesia in that dentist's office. Such person must remain on the premises of the dental facility until all patients given deep sedation or general anesthesia meet discharge criteria. The office must comply with the general rules for deep sedation/general anesthesia, i.e. rule 0460-2-.07 (7) (b). A dentist utilizing such person and complying with these provisions does not require a deep sedation/general anesthesia permit.

4. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer deep sedation/general anesthesia must have a valid deep sedation/general anesthesia permit.

5. A dentist who holds a deep sedation/general anesthesia permit may administer conscious sedation.

(b) General rules for deep sedation/general anesthesia.

1. Physical facilities.

(i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least three (3) persons, to move freely about the patient.

(ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.

(iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.

(v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.

(vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.

(vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.

(viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.

(ix) Inspections of the anesthesia equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

2. Personnel.

(i) During deep sedation/general anesthesia at least two (2) persons, in addition to the operating dentist, must be present.

(ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in Health Care Provider Life Support.

(iii) When the same individual administering the deep sedation/general anesthesia is performing the dental procedure, there must be a second (2^{nd}) individual trained in patient monitoring.

(iv) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.

(v) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.

(vi) Notwithstanding the provisions of subpart (v), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.

3. Patient evaluation. Patients subjected to deep sedation/general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may be simply a review of their current medical

history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is indicated.

4. Dental records. The dental record must include:

   (i) A medical history including current medications and drug allergies;

   (ii) Informed consent for the type of anesthesia used;

   (iii) Baseline vital signs including blood pressure, pulse and temperature. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition the reason(s) should be documented;

   (iv) A time-oriented anesthesia record which includes the drugs and dosage administered and an interval recording of blood pressure and pulse;

   (v) Documentation of complications or morbidity; and

   (vi) Status of the patient on discharge.

5. Monitoring.

   (i) Direct clinical observation of the patient must be continuous;

   (ii) Interval recording of blood pressure and pulse must occur;

   (iii) Oxygen saturation must be monitored continuously by pulse oximeter;

   (iv) Continuous EKG monitoring with electrocardioscope must occur;

   (v) Respirations must be monitored for intubated patients by auscultation of breath sounds or end tidal CO_2;

   (vi) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, body temperature must continuously be monitored; and

   (vii) The patient must be monitored during recovery by trained personnel until stable for discharge.

6. Emergency management.

   (i) Written protocols must be established by the dentist to manage emergencies related to deep sedation/general anesthesia including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension, hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation.

   (ii) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, protocols to treat the malignant hyperthermia must be established.

   (iii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be

provided and documented which include sessions on emergencies, life safety, medical equipment, utility systems, infection control, and hazardous waste practices.

(iv) A cardiac defibrillator must be available.

(v) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.

7. Recovery and discharge.

(i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.

(ii) The dental office must develop specific criteria for discharge parameters for deep sedation/general anesthesia for both adult and pediatric patients.

(iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible adult.

(8) Continuing education. In order to maintain a limited or comprehensive conscious sedation or deep sedation/general anesthesia permit, a dentist must:

(a) Maintain current certification in ACLS (a pediatric dentist may substitute PALS); or

(b) Certify attendance every two (2) years at a board approved course comparable to ACLS or PALS and devoted specifically to the prevention and management of emergencies associated with conscious sedation or deep sedation/general anesthesia.

(9) Reporting injury or mortality.

(a) A written report shall be submitted to the board by the dentist within thirty (30) days of any anesthesia-related incident resulting in patient injury or mortality, which occurred when the patient was under the care of the dentist and required hospitalization. In the event of patient mortality, concurrent with a sedation or anesthesia-related incident, this incident must be reported to the board within two (2) working days, to be followed by the written report within thirty (30) days.

(b) A written report shall include:

1. Description of dental procedure;

2. Description of preoperative physical condition of the patient;

3. List of the drugs and dosages administered;

4. Detailed description of techniques utilized in administering the drugs;

5. Description of adverse occurrence to include:

(Rule 0460-2-.07, continued)

(i) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in the patient;

(ii) Treatment instituted on patient; and

(iii) Response of the patient to treatment; and

6. Description of the patient's condition on termination of any procedure undertaken.

(10) Permit process (limited conscious sedation, comprehensive conscious sedation, deep sedation/general anesthesia).

(a) To obtain a limited or comprehensive conscious sedation permit or deep sedation/general anesthesia permit, a dentist must apply on an application form provided by the board and submit the appropriate fee as established by the board.

(b) The applicant must submit acceptable proof to the Board:

1. For a limited conscious sedation permit:

(i) That the educational requirements of 0460-2-.07 (6) (a) 1. are met; and

(ii) Compliance with general rules 0460-2-.07 (6) (b).

2. For a comprehensive conscious sedation permit:

(i) That the educational requirements of 0460-2-.07 (6) (a) 2. are met; and

(ii) Compliance with general rules 0460-2-.07 (6) (b).

3. For a deep sedation/general anesthesia permit:

(i) That the educational requirements of 0460-2-.07 (7) (a) have been met; and

(ii) Compliance with general rules 0460-2-.07 (7) (b).

(c) A permit must be renewed every two (2) years by payment of the appropriate renewal fee as established by the board and by certification of the continuing education requirement [0460-2-.07 (8)] and by certification of compliance with the general rules for conscious sedation [0460-2-.07 (6) (b)] or deep sedation/general anesthesia [0460-2-.07 (7) (b)].

(11) Anesthesia Consultants

(a) In addition to the Board Consultant and his/her duties, as provided in Rule 0460-1-.03, Anesthesia Consultants shall be appointed by the board to assist the board in the administration of this rule. All Anesthesia Consultants shall be licensed to practice dentistry in Tennessee and shall all hold current, valid comprehensive conscious sedation or deep sedation/general anesthesia permits.

(b) The Anesthesia Consultants shall be:

1. A periodontist;

(Rule 0460-2-.07, continued)

2. A pediatric dentist;

3. A general dentist; and

4. Two (2) oral and maxillofacial surgeons.

(c) The Anesthesia Consultants shall advise the Board of Dentistry regarding the continuing education courses, to be approved by the Board, to satisfy the requirements in subpart (6) (a) 1. (ii), item (6) (a) 2. (i) (II) and subparagraph (8) (b).

Authority: *T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-108, 63-5-115, 63-5-122, and 63-5-124.* ***Administrative History:*** *Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 18, 2003; effective May 4, 2003.*

0460-2-.08 LICENSURE RENEWAL. All licensed dentists must renew their licenses to be able to legally continue in practice. Licensure renewal is governed by the following:

(1) Renewal application

(a) The due date for licensure renewal is the last day of the month in which a licensee's birthday falls pursuant to the Division of Health Related Boards "birthdate renewal system" contained on the renewal certificate as the expiration date.

(b) Methods of Renewal

1. Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:

www.tennesseeanytime.org

2. Paper Renewals - For individuals who have not renewed their license online via the Internet, a renewal application form will be mailed to each individual licensed by the Board to the last address provided to the Board. Failure to receive such notification does not relieve the licensee from the responsibility of meeting all requirements for renewal.

(c) A license issued pursuant to these rules is renewable by the expiration date. To be eligible for renewal an individual must submit to the Division of Health Related Boards on or before the expiration date the following:

1. A completed renewal application form.

2. The renewal and state regulatory fees as provided in Rule 0460-1-.02.

3. If licensed pursuant to rule 0460-2-.03, a letter of request accompanied by a letter of recommendation from the dean or director of the educational institution.

(d) Licensees who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licenses processed pursuant to Rule 1200-10-1-.10.

(Rule 0460-2-.08, continued)

(2) Reinstatement of an Expired License - Reinstatement of a license that has expired may be accomplished upon meeting the following conditions:

(a) Payment of all past due renewal fees, state regulatory fees and the reinstatement fee, as established in Rule 0460-1-.02; and

(b) Provide documentation of successfully completing continuing education requirements for every year the license was expired, pursuant to Rule 0460-1-.05; and

(c) Any licensee who fails to renew licensure prior to the expiration of the second (2nd) year after which renewal is due may be required to meet other conditions as the Board may deem necessary to protect the public.

(3) Anyone submitting a renewal form, reinstatement/reactivation application, or letter which is found to be untrue may be subject to disciplinary action as provided in T.C.A. § 63-5-124.

(4) Renewal issuance decisions pursuant to this rule may be made administratively, upon review by the Board.

(5) Application review and decisions required by this rule shall be governed by rule 0460-1-.04.

Authority: *T.C.A. §§4-5-202, 4-5-204, 63-1-107, 63-1-108, 63-5-105, 63-5-117, 63-5-124, and 63-5-129.* ***Administrative History:*** *Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed February 12, 1996; effective April 27, 1996. Amendment filed April 10, 2001; effective June 24, 2001. Amendment filed August 21, 2002; effective November 4, 2002.*

0460-2-.09 LICENSURE RETIREMENT AND REACTIVATION.

(1) Licensees who wish to retain their licenses but not actively practice may avoid compliance with the licensure renewal process, continuing education and CPR requirements by doing the following:

(a) Obtain from, complete and submit to the Board Administrative Office an affidavit of retirement form.

(b) Submit any documentation which may be required by the form to the Board Administrative Office.

(2) Any licensee whose license has been retired may reenter active practice by doing the following:

(a) Submit a written request for licensure reactivation to the Board Administrative Office; and

(b) Pay the licensure renewal fees and state regulatory fee as provided in rule 0460-1-.02(1), and if retirement was pursuant to rule 0460-2-.08(5) and reactivation was requested prior to the expiration of one (1) year from the date of retirement, the Board may require payment of the late renewal fee and past due licensure renewal and state regulatory fees as provided in rule 0460-1-.02(1).

(c) If requested, after review by the Board a designated Board member or the Board consultant, appear before the Board, a Board member or the Board consultant for an interview regarding continued competence in the event of licensure retirement in excess of two (2) years.

(d) Comply with the continuing education provisions of rule 0460-1-.05(6) applicable to reactivation of retired licenses.

(Rule 0460-2-.09, continued)

(3) Application review and decisions required by this rule shall be governed by rule 0460-1-.04.

Authority: *T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-117, and 63-5-129.* ***Administrative History:*** *Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed August 21, 2002; effective November 4, 2002.*

0460-2-.10 ADVERTISING.

(1) Policy Statement. The lack of sophistication on the part of many members of the public concerning dental services, the importance of the interests affected by the choice of a dentist and the forseeable consequences of unrestricted advertising by dentists, which is recognized to pose special possibilities for deception, require that special care be taken by dentists to avoid misleading the public. The dentist must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by dentists is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.

(2) Definitions.

(a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of a dentist who is licensed to practice dentistry in Tennessee.

(b) Licensee. Any person holding a license to practice dentistry in the State of Tennessee. Where applicable this shall include dental partnerships and/or corporations.

(c) Material Fact. Any fact which an ordinary reasonable and prudent person would need to know or rely upon in making an informed decision concerning the choice of dental practitioners to serve his or her particular dental needs.

(d) Bait and Switch Advertising. An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell or provide. Its purpose is to switch consumers from buying or receiving the advertised merchandise or services, in order to sell or provide something else, usually at a higher fee or on a basis more advantageous to the advertiser.

(e) Discounted Fee. Shall mean a fee offered or charged by a person or organization for any dental product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a ‘‘discounted fee’’.

(3) Advertising Dental Fees and Services

(a) Fixed Fees. Fixed fees may be advertised for any service.

1. It is presumed unless otherwise stated in the advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.

(b) Ranges of Fees. A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.

(Rule 0460-2-.10, continued)

(c) Discount Fees. Discount fees may be advertised if:

1. The discount fee is in fact lower than the licensee's customary or usual fee charged for the service; and

2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular nondiscounted fee for that service.

(d) Related Services and Additional Fees. Related services which may be required in conjunction with the advertised service for which additional fees will be charged must be identified as such in any advertisement.

(e) Time Period of Advertised Fees. Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time.

1. If no time period is stated in the advertisement of fees, the advertised fee shall be honored for thirty (30) days from the last date of publication or until the next scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.

(4) Advertising Content. The following acts or omissions in the context of advertisement by any licensee shall constitute unethical and unprofessional conduct, and subject the licensee to disciplinary action pursuant to *T.C.A. §63-5-124(a)(18).*

(a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed or used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.

(b) The misleading use of an unearned or non-health degree in any advertisement.

(c) Promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform.

(d) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective patient.

(e) Any appeals to an individual's anxiety in an excessive or unfair manner.

(f) The use of any personal testimonial attesting to a quality or competence of a service or treatment offered by a licensee that is not reasonably verifiable.

(g) Utilization of any statistical data or other information based on past performances for predication of future services, which creates an unjustified expecation about results that the licensee can achieve.

(h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.

(i) Any misrepresentation of a material fact.

(Rule 0460-2-.10, continued)

(j) The knowing suppression, omission or concealment of any material fact or law without which the advertisement would be deceptive or misleading.

(k) Statements concerning the benefits or other attributes of dental procedures or products that involve significant risks without including:

1. A realistic assessment of the safety and efficiency of those procedures or products; and

2. The availability of alternatives; and

3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.

(l) Any communication which creates an unjustified expectation concerning the potential results of any dental treatment.

(m) Failure to comply with the rules governing advertisement of dental fees and services, specialty advertisement and advertising records.

(n) The use of ‘‘bait and switch’’ advertisements. Where the circumstances indicate ‘‘bait and switch’’ advertising, the Board may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.

(o) Misrepresentation of a licensee’s credentials, training, experience or ability.

(p) Failure to include the corporation, partnership or individual licensee’s name and address and telephone number in any advertisement. Any dental corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:

1. Upon request provide a list of all licensees at that location; and

2. Maintain and conspicuously display at the licensee’s office, a directory listing all licensees practicing at that location.

(q) Failure to disclose the fact of giving compensation or anything of value to representative of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement make the fact of compensation apparent.

(r) After thirty (30) days, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings. (This rule shall not apply in the case of a retired or deceased former associate who practiced dentistry in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign).

(s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.

(t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.

(Rule 0460-2-.10, continued)

(5) Specialty Advertising

(a) A licensee may not advertise using the terms, specialist, specialty, specializing or practice limited to unless:

1. The licensee has obtained a certification from the Board pursuant to *T.C.A. §63-5-112* and rules promulgated pursuant thereto, and

2. The branch of dentistry so advertising is listed as a specialty branch of dentistry in *T.C.A. §63-5-112* or rules promulgated pursuant thereto.

(b) A licensee who possesses a verifiable combination of education and experience is not prohibited from including in his practice one or more specialty branches of dentistry. However, any advertisement of such practice shall:

1. Not use the terms specialty, specializing, specialist or practice limited to; and

2. Contain the statement ‘‘the services are being performed or provided by a general dentist’’, and such statement must appear or be expressed in the advertisement as conspicuously as the branch of dentistry advertised.

(c) Specific Areas of Practice - Notwithstanding Rule 0460-2-.10(4)(o), any licensee who advertises credentials in a branch of dentistry other than those enumerated in *T.C.A. § 63-5-112* or as recognized by Rule by the Board, who has been granted credentialed status to include the terms “associate fellow”, “fellow” or “diplomate” by a bona fide national organization which is not recognized as a certifying Board by the American Dental Association or the Board of Dentistry, but grants “associate fellow”, “fellow” or “diplomate” status based on the dentist’s postgraduate education, training, experience, and an oral and written examination predicated upon valid and reliable principles, may utilize one of the following terms: “associate fellow”, “fellow” or “diplomate” in an advertisement and refer to the area of dental practice in which the credential is obtained if the same is accompanied by the following disclaimer appearing as conspicuously as the credential advertised:

“This area of practice is not recognized as a specialty by the Tennessee Board of Dentistry.”

(d) The term “Board Certified” may not be used in any advertisement unless associated with a recognized specialty enumerated in *T. C. A. §63-5-112* certified by the American Dental Association or the Board of Dentistry.

(6) Advertising Records and Responsibility

(a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such or entity.

(b) Any and all advertisement are presumed to have been approved by the licensee named therein.

(c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the board or its designee.

(Rule 0460-2-.10, continued)

(d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission or representation of material fact set forth in the advertisement or public communication.

(7) Severability. It is hereby declared that the sections, clauses, sentences and part of these rules are severable, are not matters of mutual essential inducement, and any of them shall be exscinded if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instances shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

Authority: *T.C.A. §§4-5-202, 63-5-105, 63-5-112, 63-5-11, and 63-5-124.* ***Administrative History:*** *Original rule certified June 7, 1974. Repeal filed August 26, 1980; effective December 1, 1980. New rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed December 7, 1998; effective February 20, 1999.*

0460-2-.11 REGULATED AREAS OF PRACTICE.

(1) Policy Statement - The scope of the practice of dentistry in Tennessee is broadly defined and includes many aspects which if not particularly regulated could lead to serious ramifications for the consuming public. This rule is to designate specific areas in the practice of dentistry for regulation, the violation of which may result in disciplinary action pursuant to *T.C.A. §§63-5-124(a)(1), 63-5-124(3), 63-5-124(4), 63-5-124(7), 63-5-124(8), 63-5-124(16)* or *63-5-124(18).*

(2) Prescribing, Dispensing, or Otherwise Distributing Pharmaceuticals

(a) Dentists who elect to dispense pharmaceuticals for compensation or otherwise distribute pharmaceuticals must comply with the following:

1. All Federal Regulations (21 CFR 1304 through 1308) for the dispensing of controlled substances.

2. Requirements for dispensing of non-controlled drugs are as follows:

(i) Drugs are to be dispensed in an appropriate container labeled with at least, the following:

(I) Patient’s name

(II) Date

(III) Complete directions for usage

(IV) The dentist’s name and address

(V) A unique number, or the name and strength of the medication

(Rule 0460-2-.11, continued)

(b) Dentists may prescribe, dispense or otherwise distribute pharmaceuticals only to individuals with whom they have established a dentist/patient relationship and for whom they have provided or are scheduled to provide dental services.

(c) Dentists must confine their prescription, dispensing or distributing of pharmaceuticals to those which are directly associated with and recognized for the treatment of an identified dental procedure, ailment or infirmity.

(d) Dentists must not prescribe, dispense or otherwise distribute controlled substances in amounts, or for durations not medically or dentally necessary, advisable or justified by an existing, identifiable dental procedure, ailment or infirmity.

(e) Dentists must record in patient records all pharmaceuticals dispensed, prescribed or otherwise distributed to patients. A separate log must be maintained for all controlled substances dispensed by a dentist.

(f) It is not the intention of this rule to interfere with the individual dentist's appropriate use of professional samples, nor to interfere in any way with the dentists right to directly administer drugs or medicines to any patient.

(g) Dentists shall only allow licensed or registered auxiliary staff to give/hand medications to a patient and only after the dentist has verified that the medication about to be given is the correct medication and correct dosage prescribed. Under no circumstances shall the dentist allow auxiliary staff to place medications directly in the mouth of a patient or on the patient such as actisite, nitrous oxide, any other medicated dental material, etc., with the exception of a topical anesthetic pursuant to T.C.A.§§ 63-5-108(a)(12) and/or (c)(3), and any other procedure authorized by rule 0460-3-.09(1).

(3) Third Party Payor Practices. The following acts or omissions by or on behalf of any dentist may be grounds for disciplinary action:

(a) Abrogating the deductible or repeatedly or regularly waving co-payment or both provisions of any insurance contract or dental plan by forgiving any or all of a patient's obligations for payment of said deductible or co-payment or both without first notifying the insurance company or dental plan in writing of the intent to do so.

(b) Rebating or repeatedly or regularly waiving or offering to rebate to an insured any payment by the insured's third-party payor to the licensee for services or treatments rendered under the insured's policy, without first notifying the insurance company or dental plan in writing of the intent to do so.

(c) Submitting to a third-party payor a claim for a service or treatment at an inflated fee or charge or one greater than the licensee usually charges for the service or treatment when such is rendered without third-party reimbursement.

(d) Knowingly incorrectly reporting services rendered, reporting incorrect treatment dates, or reporting charges for services not rendered, or filing claims prior to completion of services for the purpose of obtaining payment from a third-party payor unless the payor is notified in writing at the time of filing for payment.

(4) Laboratory Work Orders

(Rule 0460-2-.11, continued)

(a) A written work order must accompany all dental laboratory work sent by a dentist to a commercial dental laboratory or private dental laboratory technician outside the physical confines of the ordering dentist's office.

(b) A copy of all written work orders required by this rule must be kept on file by the ordering dentist for a period of two (2) years from the date the order was issued.

(c) All written work orders required by this rule must include the following information:

1. Date signed.

2. The name and address of the commercial dental laboratory or private dental laboratory technician.

3. The name or identification number of the patient for whom the act or service is ordered.

4. The licensed dentist's name, address, and license number.

5. The signature of the licensed dentist.

6. The description of the kind and type of appliance, process, fabrication, service, or material ordered.

(5) Dental Records.

(a) Patient dental records must be maintained in such a manner that a subsequent treating dentist can readily ascertain the treatment provided by the performing dentist and include at a minimum:

1. A charting of the patient's teeth conditions.

2. Dates of performance of services.

3. Concise medical history.

4. Notation of dates, types and amounts of pharmaceuticals prescribed or dispensed.

5. Readable x-rays when required for services rendered.

(b) A dentist must comply in a reasonable manner under the circumstances of any particular request for dental records or summaries thereof, with the provisions of *T.C.A. §§63-2-101* and/or *63-2-102.*

(6) Unauthorized Practice - Any dentist who permits any dental hygienist or dental assistant to perform any acts or services other than those specifically assignable or delegable pursuant to *T.C.A. §§63-5-108(b)* and *63-5-108(c)* and/or rule 0460-3-.09 and/or 0460-4-.01 and 0460-4-.08 may be subject to discipline pursuant to *T.C.A. §63-5-116(a).*

(7) Universal Precautions for the Prevention of HIV Transmission - The proper application of infection control principles will minimize any risk of transmission of Human Immunodeficiency Virus (HIV) from Health Care Workers to patients, patient to Health Care Workers, or patient to patient. HIV infection alone does not justify or support limiting a Health Care Worker's professional duties. The current assessment of the risk that infected Health Care Workers will transmit HIV to patients during

invasive procedures does not justify mandatory testing of Health Care Workers. Limitations, if any, should be determined on a case-by-case basis after consideration of the factors that influence transmission risk, including inability and/or functional impairments which interfere with the job performance of the Health Care Worker.

(a) Definitions - For the purpose of these regulations, the terms used herein are defined as follows:

1. Chief Medical Officer - The state health officer, or his designee, appointed by the commissioner of health, who is responsible for and advises the Commissioner and department on all matters of state health policy, including public health.

2. Commissioner - The Commissioner of Health or his designee.

3. Health Care Worker (HCW) - Any dentist or any person under the supervision of a dentist whose activities involve contact with patients or with blood or other body fluids in a health care setting, including students, residents and trainees.

4. Hospital HIV Confidential Expert Review Panel (Hospital HIV Review Panel) - As established by Tennessee Department of Health rules 1200-14-3-.01 to .03 this is a Tennessee hospital committee, appointed by the hospital Chief of Staff, composed and functioning in accordance with the guidelines of the American Hospital Association and the provisions of Tennessee Code Annotated section 63-5-131 which is convened with the purpose of establishing practice standards, on a case by case basis, for any HIV infected HCW, employed at or practicing their profession in the hospital, at the HCW's request.

5. Tennessee Department of Health HIV Confidential Expert Review Panel (TDH HIV Review Panel) - As established by Tennessee Department of Health rules 1200-14-3-.01 to .03 this is a Tennessee Department of Health committee, appointed by the Chief Medical Officer of the State, which is convened with the purpose of establishing practice standards for any HIV infected HCW.

6. Universal Precautions - An approach to infection control according to which all human blood and certain human body fluids are to be treated as if known to be infectious for HIV and/or other blood-borne pathogens. In order to prevent the transmission of blood-borne infections, Universal Precautions requires the blanket implementation of infection control procedures, including, in regard to the use and disposal of needles and other sharp instruments, appropriate care and proper utilization of handwashing and protective barriers. Guidelines for Universal Precautions are published by the Centers for Disease Control and Prevention (CDC) and can be found in CDC Recommendations For Prevention of HIV Transmission In Health-Care Settings. (MMWR 1987; 36 (Suppl. no. 28) pp 1-18s) and Update: Universal Precautions For Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens In Health Care Settings (MMWR 1988; 37: pp 377-82, 387-8) and Recommended Infection Control Practices for Dentistry, 1993, (MMWR 1993; vol 41, No. RR8, pp. 1-12, May 28, 1993) or their successor publications and/or more current updates.

(b) Administration and Implementation of the Policy.

1. All HCW's shall adhere to *Universal Precautions and Recommended Infection Control Practices for Dentistry, 1993,* published in MMWR, Vol 41, No. RR8, pp. 1-12, May

28, 1993 or successor publications. All HCWs shall receive periodic training in infection control procedures, including Universal Precautions.

2. All HCW's are encouraged to undergo personal assessments to determine their need for HIV testing. These assessments should include consideration of known high-risk behavior as well as risks associated with health care related occupational exposure. If they are at risk, HCWs should determine their HIV status in order to protect and improve their health and to receive appropriate counseling. The decision to be tested for HIV is the responsibility of the individual HCW.

3. Pursuant to Tennessee Department of Health rule 1200-14-3-.03, the Chief Medical Officer of the State of Tennessee will, at the request of an HIV infected HCW, convene an expert review panel to provide advise and guidelines for assuring patient safety in the provision of the HCW's health care services.

4. Pursuant to Tennessee Department of Health rule 1200-14-3-.03, the Chief Medical Officer of the State of Tennessee may, at the request of an HIV infected HCW, allow a Tennessee licensed hospital to convene a hospital based Hospital HIV Review Panel to provide advice and give guidelines for assuring patient safety in the provision of the HCW's health care services in lieu of presenting the matter to the TDH HIV Review Panel. All records and information held by the hospital for review by this panel relating to known or suspected cases of infection with HIV in any HCW are strictly confidential, shall not be released or made public by the Department or the hospital or the Hospital HIV Review Panel upon subpoena, court order, discovery, search warrant or otherwise, except as may be authorized under *T.C.A. §§10-7-504(a), 63-5-131* or *68-10-113.*

5. The review panel may recommend modification of procedures, notification of patients, or monitoring of restrictions if the panel determines that a significant risk of transmission to patients may exist. The recommendations of the review panel will then be set out in a written agreement and if agreed to by the HCW, such agreement will be evidenced by the HCW's signature.

   (i) If the infected HCW is dissatisfied with the recommendation of the Hospital HIV Review Panel, the HCW may appeal to the TDH HIV Review Panel for a de novo evaluation.

   (ii) If the infected HCW is dissatisfied with the recommendation of the TDH HIV Review Panel, the HCW may request a contested case hearing before the Commissioner, in the manner provided by the terms of the Tennessee Uniform Administrative Procedures Act (UAPA), Title 4, Chapter 5 of the *Tennessee Code Annotated.*

   (iii) Willful or knowing or repeated rejection or violation of the panel's recommendations by the HCW, or inability to follow the panel's recommendation because of mental or physical disease or defect, shall be reported to the Tennessee Department of Health Division of Health Related Boards as indicated by the evaluation, for appropriate disciplinary action.

6. In determining the advisability of voluntary HIV testing and in evaluating the dental practices of an infected HCW, the expert review panel and/or the individual HCW should refer to the current disease control guidelines established by the CDC and disease control standards recognized by national professional dental organizations. In addition the panel should refer to the following:

(i) Many procedures pose negligible risk to the patient of exposure to infection through the HCW's blood when performed using stantard infection control techniques, including Universal Precautions. Even if a HCW were to sustain an injury while performing these procedures, it is highly unlikely that the patient would be exposed to the HCW's blood. Thus, no restrictions on performance of these procedures are necessary provided that standard infection control practice are used.

(ii) Those HCW's for whom HIV counseling and testing has been previously recommended by the Public Health Service (PHS), due to occupational or non-occupational exposure to HIV, are encouraged to voluntarily ascertain their HIV antibody status. HCWs, (1) who are infected with HIV, and (2) who perform procedures that involve entry into tissues, cavities, or organs, should not continue to perform those procedures until they have sought counsel from the expert review panel.

(iii) Among the items the review panel should consider, on an individual basis, in avaluating an seropositive HCW are the following:

(I) Whether the HCW performs procedures in which injury could result in contamination of a patient's body cavity, subcutaneous tissues, or mucous membranes by the HCW's Blood (e.g., procedures in which hands may be in contact with sharp instruments, objects, or sharp tissues inside a patient's body cavity, particularly when the hands are not completely visible);

(II) Factors affecting the performance of procedures by the individual HCW (e.g., techniques used, skill and experience, and compliance with recommended infection control practices); and

(III) The medical condition of the HCW (e.g., the presence of physical conditions or mental impairment that may interfere with the HCW's ability to perform these procurers safely).

(iv) Depending upon an individualized evaluation, the panel should determine whether or under what circumstances the HCW may continue to perform or be restricted from performing procedures. In some circumstances, the panel may recommend modification and monitoring or procedures performed by the HCW to decrease the risk.

(I) If the panel determines that this HCW's performance of all or certain procedures poses a significant risk of infection to patients, and such significant risk cannot be eliminated by reasonable accommodation, then the HCW should be restricted from performing such procedures.

(II) If the panel determines that the HCW's performance does not pose a significant risk for infection of patient during the procedures within HCW's scope of practice, then no restrictions are indicated. Hence, notification of the patient regarding HCW's infection status prior to the performance of such procedures is not necessary.

(Rule 0460-2-.11, continued)

7. HCW's whose practices are modified because of their HIV infection status should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling and job retraining should be encouraged to promote the continued use of the HCW's talents, knowledge and skills.

Authority: *T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-108, 63-5-109, 63-5-116, 63-5-122, and 63-5-124.* ***Administrative History:*** *Original rule certified June 7, 1974. Repeal filed August 26, 1980; effective December 1, 1980. New rule filed December 11, 1991; effective January 25, 1992. Amendment filed June 20, 1994; effective September 3, 1994. Amendment filed June 29, 1994; effective September 12, 1994. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 9, 2000; effective April 24, 2000.*